

If you want to file a...

REQUEST TO CONTINUE A SMALL CLAIMS HEARING

If for some reason you find that you are unable to appear on the date and time scheduled for hearing, you may file a **REQUEST FOR CONTINUANCE** with the court. The request must show good cause as to why you are unable to appear. The Judge will consider the merits of your request and will either grant or deny it. Continuances are granted only for the most serious reasons. The request for continuance must be in writing and should be filed timely (at least ten (10) work days prior to the trial date). You will be notified by mail of the date and time of the hearing if a new date is set.

Either a Justice of the Peace or a Small Claims Hearing Officer may hear your case. Any party may object to the use of a hearing officer prior to the hearing date. The court can provide you with a form to make this objection. The case will then be referred to and heard by the Justice of the Peace.

Please STOP...

If you have not yet received a hearing notice.

If you are attempting to request a continuance within ten days of the scheduled hearing.

Please PROCEED

If you are making this request at least ten (10) days prior to the hearing.

FORMS Needed:

Small Claims Request for Continuance

INSTRUCTIONS

- 1. Complete the form. Be specific in your reasons for the requested continuance.
- 2. File the completed form with the court clerk.
- 3. Mail a copy of the form to the other party, via regular US mail.

If the court does not contact you to advise that your hearing has been continued, you must appear for hearing on the original date. You may wish to contact the court prior to appearing.

IT IS IMPORTANT THAT ALL PARTIES KEEP THE COURT APPRISED OF ANY CHANGE IN ADDRESS A NOTICE OF CHANGE OF ADDRESS form must be filed with the court when a party changes their address.

Visit us at http://justicecourts.maricopa.gov/ for additional filing information and online forms.



	CASE NUMBER:
Plaintiff(s) Name / Address / Email / Phone	Defendant(s) Name / Address / Email / Phone
Attorney for Plaintiff(s) Name / Address / Email / Phone	Attorney for Defendant(s) Name / Address / Email / Phone
	AIMS REQUEST ARSCP 12(b)(d)(f)
☐ Telephonic Hearing ☐ Co	entinuance/Reschedule Other
Notice: A request to appear telephonically must be filed by the	he party in writing at least 15 calendar days before the hearing da
would like the court to grant this request because (please at	ttach additional page(s) if more room is needed):
\square Attached is supporting documentation for my request (opt	ional).
Date:	
☐ Plaintiff	☐ Defendant
can be reached at the following phone number on the date	and time of the hearing:
	-
Please inform court staff if interpreter services are required. Yes, I need interpreter services. Language:	
	ment to:
I CERTIFY that I delivered / mailed a copy of this docu	
☐ Plaintiff ☐ Plaintiff's attorney	☐ Defendant ☐ Defendant's attorney
Date: By Signat	ure
Jognat	